

This supplemental report is to be pasted
beneath the original.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

(This return should preferably be made
by the person who made the original.)

Local Registrar's No.*

Place of Birth Miami
(Registration District)

County Gila No.

St.

SEX OF CHILD* Twin
Triplets
or other? } and { Number*
in order
of birth

DATE OF BIRTH* 27 - June 1929
(Month) (Day) (Year)

FULL* FATHER
NAME Martin Gutierrez (Given name in full) (Surname)

FULL* MOTHER
MAIDEN NAME Evangelina Mendoza (Father's or Mother's Signature)

HEREBY CERTIFY that the child described herein has
been named

Martin Gutierrez
(Given name in full) (Surname)

Martin Gutierrez
(Father's or Mother's Signature)

Dr. Abdona J. J. J.
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

Local registrars must mail supplemental reports immediately to state registrar.

PLEASE WRITE PLAIN AND IN INK.